City of Norfolk Division of Parking Application for Valet Parking Permit





N O R F O L K Division of Parking	Date of Application	
Responsible Person / Title		
Company / Business Name		
Mailing Address		
City	State	Zip Code
Daytime Phone	Nighttime Phone	
Norfolk Business License Number		(attach copy of license)
Business Insurance Provider		_ (attach copy of declaration page of policy)
Term of Valet Parking Permit: 1 Year	ar - From	To
Or, 1	Night Special Event	
Valet Parking Service Location:		
block of	M	eter number
(Attach a cop	by of parking service agreement with ea	ach establishment.)
Off-Street Parking Location(s):		
(At	ttach a copy of off-street parking agreer	ment(s))
(/	and a copy of on oncompanying agreed	
regarding the Valet Parking Permit Pro the permit application fee is non-refund	ogram and agree to abide by these poli- dable. I understand the \$5,000 surety I g for the term of the Valet Parking Pern	the City of Norfolk's Policies and Regulations cies and regulations as stated. I understand bond due with this application will be held by nit for the sole purpose of outstanding fines,
Print Name of Applicant		
Signature of Applicant		Date